

 *The Sinsinawa Dominicans*  
Office of Peace and Justice  
585 County Road Z  
Sinsinawa, WI 53824-9701

Thank you for your interest in applying for a loan from the Sinsinawa Dominicans. Please complete the application form and return it to the address stated on the application.

Our policy regarding loans is that on the initial request we do not invest more than \$30,000 for 3 years at 3% interest. These figures can be renegotiated after the 3 years.

The process for approval of a loan begins with our Alternative Investment Advisory Committee's (AIAC) review of your application. AIAC meets two times a year in the fall and spring. If the committee approves your request, a formal recommendation is made to our Leadership Council, who then makes the final decision.

Due to the number of people involved in the process, please include 20 copies of everything that you are submitting.

If you have any questions, please contact:      Sister Bernita Hessling, OP  
Interim Promoter of Peace and Justice  
(608) 748-4411  
*opjustice@aol.com*



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Office of Peace and Justice  
585 County Road Z  
Sinsinawa, Wisconsin 53824-9701

**Sinsinawa Dominican Alternative Investment Fund  
Application Form for an Intermediary Organization  
Requesting a Deposit and/or Loan**

1. Name of Organization \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

2. For what purpose do you intend to use these funds?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Type of organization: (e.g. Co-op, Credit Union, Loan, etc.)  
\_\_\_\_\_

4. a) Non-Profit Tax Exemption Organization? Yes\* \_\_\_\_\_ No \_\_\_\_\_  
\*Please include a copy of your 501c(3).  
b) Legal Entity: Corporation \_\_\_\_\_ State of Incorporation \_\_\_\_\_  
Sole proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Non-profit \_\_\_\_\_

5. Date the organization was started: \_\_\_\_\_

6. Name of CEO \_\_\_\_\_

7. Is this organization part of another organization? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "yes" please identify affiliation and relationship:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_  
Relationship \_\_\_\_\_

8. Person ultimately responsible and accountable for execution of the Sinsinawa Dominican  
Alternative Investment Fund investment:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

9. Number of employees: \_\_\_\_\_ Women \_\_\_\_\_ Men \_\_\_\_\_  
Caucasian \_\_\_\_\_ People of Color \_\_\_\_\_  
Include non-discrimination policies. Do you have an Affirmative Action policy? If so,  
please include.

10. Amount of investment requested: \_\_\_\_\_  
Date of this request: \_\_\_\_\_  
Collateral or security: value (please be specific) \_\_\_\_\_  
\_\_\_\_\_

Do you have a specific project in mind for this investment or will it be pooled with others for  
future, not yet specified projects?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Proposed date for initiation of funds: \_\_\_\_\_  
Proposed date for return of funds: \_\_\_\_\_

12. Provide a copy of your most recent audited financials and balance sheet.

13. What is the philosophy of the organization? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. What are the social and economic goals of the organization? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. How has the organization met these goals in the past? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Please provide a brief profile of the communities which are the principal consumers of your  
institution's services. (Include a description of the ethnic/racial composition of these  
communities, geographic region served, their income characteristics, and indicate the  
percentage of your resources used by each group.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. What community revitalization, neighborhood economic development or other community services has your institution provided to customers during the past five years? To what extent did low-income persons benefit from these efforts?

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18. Is this organization a successor of or substantially identical to any organization which no longer exists? Yes \_\_\_\_\_ No \_\_\_\_\_

Or which is in bankruptcy or receivership? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes" please explain. \_\_\_\_\_

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19. Your Organization's Operations to Date: Source(s) of funding already received such as Federal or State Government, private foundation, religious congregation, bank, etc.

Begin Date	End Date	Funding Agency	Amount	Purpose/Type of Funding	Repayment Terms

20. The Project's Operations to Date: Source(s) of funding which is pending as Federal or State Government, private foundation, religious congregation, etc.

Begin Date	End Date	Funding Agency	Amount	Purpose/Type of Funding	Repayment Terms

21. What type of external financing reporting is required of the organization, to whom and how often? \_\_\_\_\_

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The following portion of the questionnaire applies to banks, savings and loans, credit unions.

1. Member FDIC / FSLIC / NCUA? Yes \_\_\_\_\_ No \_\_\_\_\_  
 \_\_\_\_\_ Other insurance for depositors? If so, please specify.

\_\_\_\_\_

2. Number of depositors: \_\_\_\_\_

3. Total Deposit: \$ \_\_\_\_\_

4. Loan Portfolio Profile:

Type of Loan	Amount	Date of Loan	Date of Maturity	Interest Rates	Percentage Loaned to Low Income Groups

5. Please briefly describe the collection procedures.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Percentage of bad debts: \_\_\_\_\_

7. Briefly describe the Financial Policies regarding:  
 Loan criteria: \_\_\_\_\_

\_\_\_\_\_

Membership dues: \_\_\_\_\_

\_\_\_\_\_

8. List names, addresses, work phone numbers, social security numbers, and backgrounds of the Board of Directors.

\_\_\_\_\_  
 Name of person completing form Title Date

Return completed application to:  
 Bernita Hessling, OP  
 Sinsinawa Dominicans  
 Office of Peace and Justice  
 585 County Rd. Z  
 Sinsinawa, WI 53824  
 Phone: 608-748-4411  
 Email: [opjustice@aol.com](mailto:opjustice@aol.com)

A:AIAC#2/ApplicIntermedOrg  
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